

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890319
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5	1		1			
6		1		1		
7		2		2		
8		3		3		
9		4		4		
10		5		5		
11	1		1			
12		1		1		
13		2		2		
14		3		3		
15		4		4		
16		5		5		
17	1		1			
18	1		1			
19		2		2		
20		3		3		
21		4		4		
22		5		5		
23	1		1			
24	1		1			
25		1		1		
26		2		2		
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50						
TOTAL IND.	7		4			
TOTAL DER.		11		11		
TOTAL CLAIMS	28		15			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY